

**Elevating Device Accident Report**  
 Oklahoma Department of Labor  
 Safety Standards Division - Elevator Inspections  
 3017 N. Stiles, Suite 100  
 Oklahoma City, OK 73105  
 (405) 521-6100

DO NOT SUBMIT WITHOUT STATE  
 OKLAHOMA NUMBER IF AVAILABLE

STATE OKLAHOMA NUMBER

This form can be completed by tabbing to each field and typing in the required information.

The Oklahoma Department of Labor will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

**Instructions:** According to OAR 380:70-11-2, the owner of any conveyance shall notify the department within 24 hours of every accident involving personal injury or damage to the elevator. The department may investigate all such accidents. Complete all items listed and submit to the address listed above. **Emergencies should be reported to the Chief Elevator Inspector at (405) 521-6100 during regular business hours or (405) 227-5799 after business hours.**

**ELEVATOR LOCATION INFORMATION**

ELEVATOR LOCATION (BUILDING NAME)					
LOCATION (ADDRESS)			CITY	ZIP CODE	
REPORT DATE	DATE AND TIME OF ACCIDENT	NUMBER OF INJURED	DEVICE TYPE (See Back for Codes)	ESCALATOR DIRECTION OF TRAVEL 1. UP    2. DOWN	
ACCIDENT TYPE	ACCIDENT CAUSE				DAMAGE TO DEVICE
1. FATAL 2. NON-FATAL	1. TRIPPING 2. ELEVATOR FALLING	3. STRUCK BY DOOR 4. UNLEVEL ELEVATOR DOOR	5. CAUGHT IN ESCALATOR 6. FALL DOWN ELEVATOR SHAFT	7. CAUGHT IN ELEVATOR DOOR 8. OTHER _____	1. YES 2. NO

**INJURIES**

NAME OF PERSON INJURED			AGE	GENDER	NAME OF PERSON INJURED			AGE	GENDER
ADDRESS				ADDRESS					
CITY			STATE	ZIP CODE	CITY			STATE	ZIP CODE
PART OF BODY INJURED 1. HAND    3. FOOT    5. EYE    7. TOES 2. ARM    4. LEG    6. FINGER    8. OTHER				PART OF BODY INJURED 1. HAND    3. FOOT    5. EYE    7. TOES 2. ARM    4. LEG    6. FINGER    8. OTHER					
NAME OF PERSON INJURED			AGE	GENDER	NAME OF PERSON INJURED			AGE	GENDER
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CONTACT NAME				CONTACT ADDRESS					

**ACCIDENT DESCRIPTION**

SIGNATURE OF PERSON REPORTING	NAME OF FIRM	TELEPHONE NUMBER (Include Area Code)

## Device Codes

P	=	Passenger Elevator
F	=	Freight Elevator
F2	=	Freight 2 Elevator
F3	=	Freight 3 Elevator
RES	=	Private Residence Elevator
I	=	Inclined Elevator
IR	=	Private Residence Inclined Elevator
LU/LA	=	Limited-Use/Limited-Application Elevator
LU/LAR	=	Private Residence Limited-Use/Limited-Application Elevator
SW	=	Sidewalk Elevator
R	=	Rooftop Elevator
M	=	Mine Elevator
SPP	=	Special Purpose Personnel Elevator
ESC	=	Escalator
MW	=	Moving Walk
DW	=	Dumbwaiter
DWR	=	Private Residence Dumbwaiter
ML	=	Material Lift
VPL	=	Vertical Platform Lift
VPLR	=	Private Residence Vertical Platform Lift
IPL	=	Inclined Platform Lift
IPLR	=	Private Residence Inclined Platform Lift
SC	=	Stairway Chairlift
SCR	=	Private Residence Stairway Chairlift
SED	=	Special Elevating Device
SDR	=	Private Residence Special Elevating Device
SL	=	Sewer Lift
PH	=	Personnel Hoist
BM	=	Belt Manlift
OME	=	One Man Electric Power
OMH	=	One Man Hand Power
BFLD	=	Barrier Free Lifting Device
BFLR	=	Private Residence Barrier Free Lifting Device
IL	=	Incline Lift (Outdoor)
ILR	=	Private Residence Incline Lift (Outdoor)
WED	=	Wheelchair Elevating Device
WDR	=	Private Residence Wheelchair Elevating Device